

**3.42            STANDARDS FOR INFANT HEARING SCREENING SERVICES****3.42.2        OUTPATIENT INFANT HEARING SCREENING PROVIDER****A.        Definition**

An Outpatient Infant Hearing Screening Provider shall be capable of providing the initial and follow-up hearing screening included as part of the California Newborn Hearing Screening Program (NHSP) for infants up to one year of age. These services shall be provided to:

1. infants who require a hearing screen after having referred on the inpatient hospital screening; or
2. infants who were discharged before being offered or receiving a newborn hearing screening.

**B.        General Requirements and Procedures for Approval**

1. The Outpatient Infant Hearing Screening Provider shall be:
  - a. a CCS-approved acute care hospital (on an outpatient basis) in which the services are under the supervision of a CCS-paneled audiologist, a CCS-paneled pediatrician, a CCS-paneled otolaryngologist (ENT), or a CCS-paneled family practice physician; or
  - b. a CCS-approved Level 1, 2, or 3 Hearing and Speech facility (as per Chapter 3.14) or a CCS-approved Type A, B, or C Communication Disorder Center (as per Chapter 3.40); or
  - c. a CCS-paneled audiologist, a CCS-paneled pediatrician, a CCS-paneled otolaryngologist (ENT), or a CCS-paneled family practice physician providing services in his or her own office.
  - d. If the provider is also an Inpatient Infant Hearing Screening Provider, the outpatient screening program may be under the supervision of the designated director of the inpatient hearing screening program.
2. The Outpatient Infant Hearing Screening Provider shall be enrolled in the Medi-Cal program.
3. A provider wishing to participate in the California Newborn Hearing Screening Program shall submit an application to:

California Newborn Hearing Screening Program  
Children's Medical Services Branch  
California Department of Health Services  
P.O. Box 942732  
Sacramento, CA 94234-7320

4. A separate application shall be submitted for each physical location at which services will be provided.
5. A provider that meets the requirements identified in these standards, by a review of the application, a site visit, or both, shall be certified as an Outpatient Infant Hearing Screening Provider.
6. Changes in professional staff whose qualifications are incorporated into any portion of these standards shall be reported to Children's Medical Services (CMS) Branch, or its designee, within one week of the change in a format to be specified by the Department of Health Services (DHS). Updates of all other professional and screening staff shall be submitted to CMS, or its designee, on an annual basis.
7. Providers shall be subject to re-evaluation at no less than two-year intervals, or more often if indicated.

C. Requirements of Participation

1. Staff

- a. Infant hearing screening services shall be performed by a CCS-paneled audiologist, CCS-paneled pediatrician, CCS-paneled family practice physician, CCS-paneled otolaryngologist, or by an appropriately trained individual working under the supervision of one of these paneled providers or the director of an Inpatient Infant Hearing Screening Services program.
- b. All screeners shall meet competency criteria established by the NHSP. Documentation of each individual's completed competency certification shall be maintained by the provider.

2. Facility and Equipment

- a. Infant hearing screening services shall be performed using FDA-approved otoacoustic emissions and/or evoked potential testing that detects a mild (30-40 dB) hearing loss in infants and newborns.
- b. Use of screening equipment shall be in accordance with the manufacturer's protocols and stated norms.

- c. The choice of equipment shall be reviewed by a CCS-paneled audiologist and reflect knowledge of professional peer-reviewed literature and current audiological practice. The provider shall submit with the application written confirmation from the manufacturer that the equipment meets the criteria in a. above.
- d. Equipment shall be calibrated in accordance with the manufacturer's recommendation and a log shall be kept documenting the dates of calibration, repair or replacement of parts.
- e. Disposable components of the equipment shall not be reused.
- f. Services shall be performed in an environment which is quiet enough to allow measurement of valid responses from an infant being screened.
- g. Facilities shall be in compliance with accessibility standards in the Americans with Disabilities Act.
- h. Facilities shall be responsible for having translation services available for non-English speaking families.

3. Services

- a. The provider shall determine an infant's risk factors for congenital or acquired hearing loss.
- b. The provider shall perform hearing screening in *both ears* using one of the technological instruments referred to in C.2.a. above.
- c. If the infant is receiving an initial outpatient screening the provider shall re-screen the infant immediately following a refer result in one or both ears.
- d. The provider shall inform families and provide written material regarding the result of the hearing screen; interpret the results; and discuss the need for subsequent evaluation and follow-up, if indicated. The provider shall use brochures developed by DHS, or equivalent materials that have been approved by DHS or its designee.
- e. The provider shall include the results of the hearing screening in the infant's medical record.

**4. Care Coordination/Referral**

- a. The provider shall notify, in writing, the infant's primary care provider of the results of the hearing screening and the need for diagnostic evaluation, if indicated.
- b. All patients who refer on an initial outpatient hearing screen or an outpatient rescreen shall be referred to the appropriate county CCS program for authorization of diagnostic evaluation. The provider shall fax a completed CCS program application, completed CCS Request for Service form, and the hearing screening results to the appropriate county program. Simultaneously, the infant shall also be referred to a CCS-approved Level 3 or Type C Communication Disorder Center (or an equivalent facility approved by the infant's health plan or insurance). The referral shall be documented in the infant's medical record.
- c. If a family does not present for a scheduled appointment, the provider shall make at least three documented attempts to contact the family. If the family cannot be reached or fails two appointments, the provider shall notify the Hearing Coordination Center in its geographic area.

**5. Reporting Requirements**

Each provider shall submit to DHS, or its designee, reports of the results of hearing screens performed on all infants as part of the California Newborn Hearing Screening Program, in a format specified by the DHS. This data shall be reported at least weekly.

**6. Billing**

- a. The Outpatient Infant Hearing Screening Provider shall submit claims for reimbursement to the DHS or its fiscal intermediary, using only the infant hearing screening codes identified in the NHSP Provider Manual, for services provided to Medi-Cal or CCS-eligible beneficiaries in a format specified by the DHS.
- b. All billing for infant hearing screening services shall conform to the requirements specified in the NHSP Provider Manual and in the Medi-Cal Provider Manual.

**3.42.2 OUTPATIENT INFANT HEARING SCREENING PROVIDER****Attachment A****COMPETENCY CRITERIA FOR ALL PERSONNEL PERFORMING NEWBORN HEARING SCREENING**

Outpatient Infant Hearing Screening Providers shall incorporate the following competency criteria into their evaluation and monitoring of individuals performing newborn hearing screening.

Individual skills shall include the ability to:

1. Prepare the environment to perform the hearing screening:
  - a. ensures appropriate test situation with regard to ambient noise.
2. Perform the hearing screening:
  - a. assesses infant for quiet state.
  - b. positions infant correctly.
  - c. appropriately places test equipment, such as probes, electrodes, and/or ear couplers on the infant.
  - d. operates hearing screening equipment accurately.
  - e. completes hearing screening with a valid test result.
  - f. removes and disposes of test items appropriately.
3. Perform infection control and risk management:
  - a. practices standard precautions.
  - b. washes hands before and after handling each infant.
  - c. cleans and disposes of equipment per office policy and protocol after each use.
4. Collect and record test data following hearing screening:
  - a. enters/records infant information accurately.
  - b. collects and reports screening results according to office protocol.
5. Communicate knowledge of the Newborn Hearing Screening Program and hearing screening results.
  - a. explains importance of newborn hearing screening.
  - b. explains hearing screening procedure.
  - c. explains the meaning of pass or refer result of a hearing screening.
  - d. explains the referral process.